

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 197  
Registered No. 98

**1. PLACE OF BIRTH**

County \_\_\_\_\_ State \_\_\_\_\_  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City \_\_\_\_\_ No. \_\_\_\_\_ (If birth occurred in a hospital or institution, give its NAME instead of street and number) Ward \_\_\_\_\_  
St. \_\_\_\_\_

2. Full name of child Alva Sueila Harper { If child is not yet named, make supplemental report, as directed.

3. Sex of Child F To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? Yes 7. Date of birth 2 26 28,  
Month Day Year

8. FATHER  
Full name Joseph A Harper

9. Residence (Usual place of abode) Claypool  
If non-resident, give place and state.

10. Color or race W. 11. Age at last birthday 31 (Years)

12. Birthplace (city or place) Arizona  
(State or country)

13. Occupation  
Nature of industry Machinist Harper

14. MOTHER  
Full maiden name Paula Pajon

15. Residence (Usual place of abode)  
If non-resident, give place and state.

16. Color or race W. 17. Age at last birthday 31 (Years)

18. Birthplace (city or place) Kentucky  
(State or country)

19. Occupation  
Nature of industry HW

20. Number of children of this mother \_\_\_\_\_  
(Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 4  
(b) Born alive but now dead 0  
(c) Stillborn \_\_\_\_\_ 21. Were precautions taken against ophthalmia neonatorum? Yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was alive at 3:00 p. m. on the date above stated  
(Born alive or stillborn.)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
Signature C. F. Perkins  
(Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_ Address \_\_\_\_\_  
Month, day, year \_\_\_\_\_ Filed Such 12, 1928 E. E. Doan  
Registrar Registrar

189-226-775

or for of birth stated.